FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)			Office use only		
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
Heartland Value	s PAC				
	<u> </u>				
ADDRESS (number and stre	PO Box 505				
(Check if addres is changed)	Sioux Falls		SD 57101 -		
		CITY	STATE▲ ZIP CODE ▲		
committee's e-mail info@heartland					
1					
COMMITTEE'S WER D	ACE ADDRESS (UDL)				
committee's web partial www.heartland	, ,		1		
COMMITTEE'S FAX NU 605-221-1021	MBER				
2. DATE 0.3	$ \begin{array}{c c} \begin{smallmatrix} D & D \\ \hline & 2 & 1 \end{smallmatrix} \end{array} \begin{array}{c} \begin{smallmatrix} Y & Y & Y & Y \\ \hline & 2 & 0 & 0 & 7 \end{smallmatrix} $				
3. FEC IDENTIFICAT	ON NUMBER	C C00409003			
4. IS THIS STATEME	NT X NEW (N) OR	AMENDED (A)			
I certify that I have examine	ed this Statement and to the best of my kn	owledge and belief it is true, correct a	and complete		
Type or Print Name of Tr	easurer Barb J Buell, De	eputy Treasurer			
Signature of Treasurer	Electronically Filed by Barb J Bu	uell, Deputy Treasurer	Date 03 / 21 / Y Y Y Y Y Y		
NOTE: Submission of false	•	ay subject the person signing this Sta	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS		
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530			

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cal information below.)	ndidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		nocratic, ublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	d or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	The Save Our Senate Victory Fund	
L		
	Mailing Address PO Box 75103	
		1
	Washington DC 200	13
	CITY STATE Z	IP CODE A
	Relationship Joint Fundraising Representative	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	1
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name					
Heartland Values PAC					
 Custodian of Records: Identify possession of Committee book 	by name, address, (phone numks and records.	ber optional), and posi	tion of th	e person in	
Full Name Barb Buell			1 1 1		1 1 1 1
Mailing Address	PO Box 505				
	Sioux Falls	SD	<u> </u>	57101	-
Title or Position ♥	CITY 🛦	STAT	E▲	ZIP CO	DE A
Deputy Treasu	ırer	Telephone number	605		3437
rame and address of any desired full Name of Treasurer Mailing Address Chad Hatch	ignated agent (e.g., assistant tre	asurer).			
	Sioux Falls	SD	<u> </u>	57101 –	
Title or Position ♥	CITY A	STAT	EA	ZIP CO	DE A
Treasurer		Telephone number	605		3437
Full Name of Designated Agent Barb Buell					
Mailing Address	PO Box 505				
	Sioux Falls	SD	<u> </u>	57101 _	-
Title or Position ♥	CITY A	STAT	EA	ZIP CO	DE A

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9.	Banks or Other Dep safety deposit boxes Name of Bank, Depo	or maintains funds.	accounts, rents
	Name of Bank, Depo	First National Bank	
	Mailing Address	PO Box 5186	
		Sioux Falls SD	57101

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Corporation

Membership Organization

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Banks or Other Do safety deposit boxe Name of Bank, Dep	es or maintai	ns funds.	s or other depositories in which	the committee deposits fund	s, holds accounts, rents
	Schwa	b Institutiona	 	1 1 1 1 1 1 1 1 1	
Mailing Address		3133 East	Camel Back Road		
			1 1 1 1 1 1 1 1 1		
		Phoenix		ĄZ	85016
			CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Cor	nnected Or	ganization or Af	filiated Committee		[ADDITIONAL]
Mailing Address					
			1 1 1 1 1 1 1 1 1		
			CITY	STATE ▲	ZIP CODE 🛦
Relationship					
Type of Connected	d Organizati	on:			

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent		1	ADDITIONAL]
Full Name LILILI Mailing Address			
-			
Title or Position ♥	CITY A Te	STATE A	ZIP CODE A

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Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, e	tains funds.	other depositories in which the comr	•	accounts, rents ADDITIONAL]
Grea	t Western Bank			
Mailing Address	PO Box 925			
	Sioux Falls		SD	57101
		CITY 🛆	STATE △	ZIP CODE 🛕
Name of Any Connected (Organization or Affilia	ted Committee	[ADDITIONAL]
Mailing Address				
Mailing Address				
		CITY	STATE ▲	ZIP CODE A
Relationship				
Type of Connected Organiza	ation:			
Corporation		Corporation w/o Capital Stock	Labor Orga	nization
Membership Organ	nization	Trade Association	Cooperativ	e

Designated Agent		1	ADDITIONAL]
Full Name LILILI Mailing Address			
-			
Title or Position ♥	CITY A Te	STATE A	ZIP CODE A